

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. 186Registered No. 78

1. PLACE OF BIRTH

County YilaState Ariz.

District or Township

or Village

City Hayden

No.

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

2. Full name of child Maria Adela Bernal

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other.

6. Legitimate

7. Date

of birth 8-25-30
Month Day Year

5. No., in order of birth

8. FATHER

Full name Enrique Mazon

9. Residence

(Usual place of abode)

If non-resident, give place and state.

10. Color or race

Mex.11. Age at last birthday 44 (Years)

12. Birthplace (city or place)

(State or country)

13. Occupation

Nature of Industry

14. MOTHER

Full maiden name Carlota Bedoy Gonzalez

15. Residence

(Usual place of abode)

If non-resident, give place and state.

16. Color or race

Mex.17. Age at last birthday 39 (Years)

18. Birthplace (city or place)

(State or country)

19. Occupation

Nature of Industry H.M.20. Number of children of this mother 8(Taken as of time of birth of child herein
certified and including this child.)(a) Born alive and now living 4(b) Born alive but now dead 4(c) Stillborn 021. Were precautions taken against oph-
thalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11:55 a.m. on the date above stated.
(Born alive or stillborn)*When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.Signature W. B. Winslow

(Physician or midwife)

Given name added from
a supplemental report

Month, day, year

Address Hayden Ariz.Filed 8/30/301930

Registrar.

Registrar.

423-825 372